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Window of Opportunity for Opiate Users

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July 2018

Site: Brewer Health Center, Brewer, Maine

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Problem & Need Statements

Problem: Resources for people struggling with addiction can be difficult and intimidating to navigate. There is often a small window of opportunity for individuals seeking to get help with their addiction before they give up pursuing help.

Need: There is a need for a handout that provides a concise, navigable list of resources at the expense of being exhaustive for people seeking help and treatment for opiate addiction during this narrow time frame in the greater Bangor area.

Public Health Toll and Local Considerations

Penobscot County in 2016 prescribed 71.2 opiate prescriptions per 100 people greater than the national average of 66.5 per 100 people. <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

418 people died from overdoses in 2017. That's an 11 percent increase over the 376 overdose deaths in 2016, but the number has been climbing sharply for the past five years

<https://www.pressherald.com/2018/02/22/drug-overdoses-killed-418-people-in-maine-last-year-up-11-percent/>

7.2% of respondents age 18-25 report needing but not receiving treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers).

<http://www.maineoew.com/#/chart>

In 2012, Bangor Fire Department EMTs administered Narcan 18 times, in 31 times in 2013, then 38 in 2014. 2015, EMTs used Narcan 57 times. Halfway through 2016, the Bangor Fire Department officials say they expect they could administer Narcan 100 times by the end of the year.

<https://bangordailynews.com/2016/07/09/health/narcan-use-is-rising-in-maine-but-does-it-save-lives/>

Community Perspective

There are many things that prevent people from seeking help while using, particularly medical assisted treatment. One of the big things is stigma including perceptions that “MAT isn’t real recovery” or “that’s just replacing one drug with another”. Tackling these misperceptions and the stigmatizing language revolving around addiction is important to get people interested in seeking help. - Kayla Kalel, Organizer for Young People in Recovery

“Getting into a rehab program is so difficult in this area that the word is on the street: If you want to go to rehab for opiate addiction go to the ED overdosed on Benzo’s and alcohol so that they will accept you because it is a life threatening withdrawal, otherwise you will have to wait months before getting in somewhere”- Tammy Kalel

Intervention & Methodology

Create and distribute a trifold style handout for an audience of current users who are in the contemplation and/or action stages of opiate addiction. We want to provide a simple set of resources that will be **navigable**, at the expense of being comprehensive, in the following areas.

1. Getting health insurance - medicaid, MaineCare
2. Medical treatment and considerations (methadone, suboxone, vs cold turkey basics; needle exchanges locations etc)
3. Legal resources
4. Stigma about medical assisted treatment/ degrading and derogatory language barriers
5. Rehab programs- short term interventions
6. Support Groups- long term maintenance and maturity of sobriety

Distribute pamphlets in well known drug use areas including, first street, downtown near Bangor Public Library, and near the 395 bridge between Brewer and Bangor. Can also distribute through local NA, AA meetings and doctor offices and Suboxone and Methadone clinics.

1. There are essentially three options when considering methods for getting help with opiate use disorder.
 - a. Suboxone Treatment with Behavioral Treatment :
 - i. Local providers in foot noteⁱ.
 - ii. Efficacy: About 64% higher retention in treatment compared no medical treatment.ⁱⁱ
 - b. Methadone with Behavioral Treatment ⁱⁱⁱ
 - i. Initiation: May begin immediately; you may experience some withdraw symptoms 8-12 hours after starting methadone.
 - ii. Efficacy: Methadone is significantly more effective than non-pharmacological approaches in retaining patients in treatment and in the suppression of heroin use (44% less chance of relapse compared to no treatment).^{iv} Similar retention in treatment to Suboxone (dose dependent).
 - c. No medical treatment with or without behavioral therapy
 - i. Both methadone and Suboxone retaining people in treatment at higher rates than no medical treatment at all.
 - d. Discovery House of Bangor 207-947-6800
 - e. Narcotic Treatment program 207-973-6100
 - f. Penobscot Metro Treatment Center 207-973-0400
 - g. Detox center 207-217-6521
2. Health insurance
 - a. Medicaid eligible if income less than about \$16,000, to apply visit foot note^v.
 - i. Open enrolment period November 1- Feb 1 each year (www.healthcare.gov)
 - b. MaineCare 1-207-624-4168
3. Legal resources
 - a. Pine tree legal Bangor (207) 942-8241
 - i. Provides free civil legal assistance in cases where it can make a difference in one's ability to meet one's basic human needs or in enforcing one's basic human rights, including access to housing, food, income, safety, education, and healthcare.
 - b. LEAD in Orrington
 - i. LEAD is a pre-booking diversion program that allows officers to redirect low-level offenders engaged in drug activity to community-based services instead of jail and prosecution. ashley@mainehealthequity.org
4. Stigma about medical assisted treatment/ degrading and derogatory language barriers
 - a. Medical assisted treatment is NOT "just replacing one drug with another", rather medical assisted treatment does not make you feel "high", eliminates withdraw symptoms, reduces cravings and allows productive engagement while reducing the risk of relapse.
 - b. The term "addict" is unfortunately associated with but should not be mistaken for "thief", or "thug" or "low-life".
 - c. The term "drug abuse" is unfortunately associated with but should not be synonymous with domestic abuse and child abuse

5. Rehab programs – are a shorter term intensive activity designed to provide space and time for you to focus on your health.
 - a. Wellspring 207-941-1612
 - b. Acadia hospital 207-973-6100
 - c. Faith based programs:
 - i. Calvary Residential Discipleship Programs^{vi} are a one year live in program
 - ii. Teen Challenge 207-377-2801
6. Support Groups- a long term part of recovery with daily or weekly meetings.
 - a. Bangor Area Recovery Network (BARN) (207) 561-9444
 - i. Young People in Recovery brewerme@youngpeopleinrecovery.org
 - b. Wellspring 207-941-1612
 - c. AA hotline for meeting lists 207-479-1779 or visit foot note
 - d. NA meetings list, visit footnote^{vii}
 - e. Open Door Recovery Center 207-667-3210
7. Other resources
 - a. 211maine.org or call 2-1-1 for connection to a host of services including food, housing, crisis, jobs etc.
 - b.

ⁱ <https://www.substancerehabcenter.com/suboxone-doctors/Maine-ME/>

ⁱⁱ <http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD002207.pub4/abstract>

ⁱⁱⁱ http://atforum.com/documents/english/Getting_Started_on_Methadone.pdf

^{iv} https://www.cochrane.org/CD002209/ADDICTN_methadone-maintenance-therapy-versus-no-opioid-replacement-therapy

^v <https://www.medicaid.gov/>

^{vi} <https://ccbangor.nm-secure.com/crd>

^{vii} <https://namaine.org/meetings/>

Results and Responses

Count how many brochures are taken from distribution locations including bangor public library, the 395 bridge, first street, NA meetings and doctors offices.

Poll individuals who take pamphlets about their level of confidence to put together a plan for themselves or a friend to get help with opiate addiction before vs after reading the handout.

Reviewing number of applications for methadone and suboxone programs over the next 3 months vs previous 3 months.

Effectiveness and Limitations

Many opiate users are not in the contemplation or active stages of the cycle of addiction and therefore they will not be receptive to this kind of pamphlet.

There are many roads to recovery and each person has unique needs and a unique situation. This brochure is intentionally not an exhaustive or comprehensive list of resources in the area, and so may not suit the needs of all people seeking recovery.

The resources presented in this brochure are specific to the Bangor area, and do not apply to people from other areas of the state. Since resources in this area are overwhelmed with patients, the listed resources may not be able to accept new clients at all times.

Recommendations for Future Projects

Provide information with examples of what success looks like for people in medical assisted treatment to reduce stigma about these effective options to current opiate users.

Focus information for providers to educate about current guidelines for opiate prescription, and weaning patients from prescription opiates including Suboxone and Methadone.

Distribute information for needle exchange programs, and free disease screening programs in the area.

Poll opiate users regarding how they initiated using to identify methods for decreasing initiation of opiate use.

Substance abuse pamphlets for other substances including alcohol and methamphetamines, and bath salts.

References

1. "U.S. Prescribing Rate Maps." CDC, 2017, www.cdc.gov/drugoverdose/maps/rxrate-maps.html.
2. Writer, Eric RussellStaff. "Drug Overdoses Killed a Record 418 People in Maine Last Year." *Press Herald*, 23 Feb. 2018, www.pressherald.com/2018/02/22/drug-overdoses-killed-418-people-in-maine-last-year-up-11-percent/.
3. *Maine SEOW Dashboard*. 2017, www.maineoseow.com/.
4. Writer, Eric RussellStaff. "Drug Overdoses Killed a Record 418 People in Maine Last Year." *Press Herald*, 23 Feb. 2018, www.pressherald.com/2018/02/22/drug-overdoses-killed-418-people-in-maine-last-year-up-11-percent/.

Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes X / No

Name: Kayla Kalel, Tammy Kalel